



SUTENT PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of advanced renal cell carcinoma (kidney cancer)
- OR*
- ❖ Approvable for members with a diagnosis of gastrointestinal stromal tumor who experienced disease progression while on imatinib (Gleevec) or who are intolerant to imatinib
- OR*
- ❖ Approvable for members with a diagnosis of progressive neuroendocrine tumors of pancreatic origin (PNET) when the tumors are unresectable, locally advanced, or metastatic

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.